

APPLICATION COVER PAGE (Appendix C)

A. APPLICANT INFORMATION

Organization Name:		
Contact Person:	Organization Address:	Organization Tax ID:
Contact Telephone: () -	Contact E-Mail Address:	Secondary Contact, Phone Number, Email Address: () -
Application Check List: <input type="checkbox"/> Cover Page <input type="checkbox"/> Proposal Narrative <input type="checkbox"/> Budget & Budget Narrative <input type="checkbox"/> Taxation Letter of Good Standing <input type="checkbox"/> Fiscal Agent Assurances Form <input type="checkbox"/> Copy of W-9 Tax Form <input type="checkbox"/> Letter(s) of Intent	Current Youth Serving representative(s) & Industry Representative(s)/Employer(s) partners:	
<i>The GWB has committed to supporting this initiative as part of the PrepareRI 2.0 Plan and intends to fully fund the Awardee in an amount of up to approximately \$200,000 per fiscal year for the duration of the established contract.</i>		

B. REQUIRED DOCUMENTS

Using the checklist below, your application must be submitted to Julissa Disu (*Director of Youth Career Readiness Programs*) at julissa.disu@dlt.ri.gov. Email delivery is preferred, late submissions will be denied.

☐ A **10-11 page narrative** that answers the questions below in a clear and concise manner that will be easy for a reader to understand. Please use the following prompts to complete your narrative:

- I. **Mission Alignment (Maximum 2.5 pages):** Describe why your organization is well suited to execute The Prepare RI 8th grade Career Exploration Fair for 8th grade students in the State of Rhode Island. Describe how your organization's mission is aligned with this scope of work. Describe if you've managed/implemented an initiative like this in the past and if so, please provide details.
- II. **Employer Engagement (Maximum 2.5 pages):** Describe your plan on how your organization will engage with employers, get them to commit to this event, and your long-term strategy to maintain employer buy in. Please describe your past or present experience of and collaboration between your organization and industry partners across the State. Please describe your method of selection and how you plan to engage with schools and school representatives, post-secondary institutions, industry partners, local Career and Technical Education programs, etc.
- III. **Engagement/Coordination with Schools (Maximum 2 pages):** Describe your strategy to effectively engage and coordinate youth participation with school staff. Please provide a brief description on what steps will be involved in that process. Describe how your organization will

prioritize this specific youth experience and ensure connections between industry, education, and the like.

- IV. **Organizational, Administrative and Fiscal Capacity (Maximum, 1 page):** Briefly describe how the applicant has the administrative capacity to properly and effectively manage grant funds and submit timely and accurate expense reports as requested.
- V. **Staffing Plan (Maximum 1 page) (Appendix B):** Describe the organization's staffing plan and briefly outline the roles and responsibilities for staff to be involved in this effort.
- VI. **Program Quality & Improvement (Maximum 2 pages):** Describe how the applicant will assess program quality and progress toward program objectives and ensure a positive high-quality experience for youth participants throughout the duration of the event. Explain how the applicant will gather youth and employer feedback throughout the program and respond to that in real time. Describe how your organization would demonstrate continuous improvement of the event if the contract were to be extended for an additional two years.

☐ (Mandatory) **Appendix A:** A detailed **budget** providing an account of how requested funds will be spent (use Excel Budget Template)

☐ (Mandatory) **Appendix B:** A **completed** chart with staff roles, responsibilities, and contact information (See above)

☐ (Mandatory) **Appendix C:** A **completed** cover page (see above)

☐ Taxation Letter of Good Standing

☐ Fiscal Agent Assurances Form

☐ Copy of W-9 Tax Form

☐ (Optional) Letters of Intent

By signing this application, I certify that all of the information provided is complete and accurate to the best of my knowledge. I understand that any false information, omissions, or misrepresentations (whether intentional or unintentional) will result in the denial of my application.

Signature of Applicant _____

Date _____